



Payroll schedule form

Agency/Employer contact information

Agency/Employer name:

Administrator name:

Administrator phone:

Administrator email:

Location code:

Please note: The Location Codes are communicated to the plan administrator at the time of setup.

Payroll schedule dates

Enter the Payroll End Date and the actual Pay Date below for each Payroll # line. To account for effects holidays may have on the actual pay schedule dates, please select the holiday checkbox and update the Payroll End Date and the Pay Date for each Payroll # that may be affected by a holiday. Otherwise leave the holiday checkbox blank.

How many business days prior to the Pay Date will the file be remitted?

If "Other" was selected, please enter detail in the notes section below.

Select payroll frequency: (Should always be Biweekly):

If "Other" was selected, please enter detail in the notes section below.

Please note: All dates should be entered in dd/mm/yyyy format

Payroll #	Holiday	Payroll end date	Pay date	Payroll #	Holiday	Payroll end date	Pay date
1	✓			15	✓		
2	✓			16	✓		
3	✓			17	✓		
4	✓			18	✓		
5	✓			19	✓		
6	✓			20	✓		
7	✓			21	✓		
8	✓			22	✓		
9	✓			23	✓		
10	✓			24	✓		
11	✓			25	✓		
12	✓			26	✓		
13	✓			27	✓		
14	✓						

Notes—Please include any special notes below.

Please complete the form and send via email to NYSVDCProgram@tiaa.org.

For questions or assistance with this document please contact the NYS VDC Administrator Help Center at: 1-888-984-0010 - Hours: Monday to Friday, 8 a.m. to 6 p.m. (ET)